

though, we recommend an alpha track monitor be used instead of the charcoal canister device. We also encourage both medical practitioners and the public to learn more about this environmental agent and, toward that end, have produced a guidebook on radon. This book may be obtained by calling the CDHS Indoor Air Quality Program at (415) 540-2134.

KENNETH W. KIZER, MD, MPH  
Director  
California Department of Health Services

**"Miraculous Insecticide Chalk"—  
An Unregistered Household Insecticide**

The California Department of Health Services recently has received numerous reports of the sale of an unregistered insecticide for use against cockroaches and ants. This insecticide is prepared as a white stick simulating common blackboard chalk, and lines are drawn where the insects are to be controlled. It is manufactured in China and is not registered with either the US Environmental Protection Agency or the California Department of Food and Agriculture. This product is being sold to the public primarily through flea markets and Chinese import stores, with its use most often being reported in Asian restaurants and migrant labor camps.

Samples of "Miraculous Insecticide Chalk" submitted by the public have been found to contain 0.71% of a synthetic pyrethroid compound called deltamethrin. Deltamethrin is mildly toxic, with the most likely toxic manifestations being irritation of the mouth if ingested by a child. Ingesting small amounts—one piece of chalk or less—should require no medical therapy. Ingesting larger amounts should be managed supportively; no antidote is known. Since the product has not gone through the proper regulatory channels, we have no assurance that either active or inert ingredients pose only a minimal health hazard.

The sale of "Miraculous Insecticide Chalk" is illegal in California, and its use in restaurants is a violation of California's Health and Safety Code. Use of the product should be reported to local public health officials or local county agricultural commissioners.

KENNETH W. KIZER, MD, MPH  
Director

JOHN H. POORBAUGH, PhD  
Senior Public Health Biologist  
Environmental Management Branch  
California Department of Health Services  
714 P Street  
Sacramento, CA 95814

## Screening for Sleep Apnea

TO THE EDITOR: The prevalence of sleep apnea is thought to be about 1% to 3%,<sup>1</sup> yet the medical literature infrequently reports efficient screening methods for this condition.<sup>2</sup> Screening is essential for cost containment.

We analyzed 33 polysomnography reports to determine a suitable method of screening patients before submitting them to full testing. We used the apnea-hypopnea index and a severity index to rate sleep apnea on a scale of zero to five. We found that an oximeter cutoff of 85% oxygen saturation would separate patients with 93% sensitivity and 75% specificity into a normal or mildly abnormal group versus those with clinically significant apnea.

We then used an oximeter<sup>3</sup> to screen 100 consecutive patients in their homes. Of those tested, 16 were normal (all O<sub>2</sub> saturations  $\geq$  90%) and a further 16 were mildly abnormal (lowest O<sub>2</sub> saturations, 85% to 89%). Desaturation episodes, when present, were seen clearly on the oximetry

recorder strips, often in a "sawtooth" pattern suggesting obstruction.

We used a finger probe and a commercially available oximeter with stripchart (Biox IVA, Ohmeda Inc, Boulder, Colo). Patients had no difficulty with the device. We use the same device to evaluate the effect of follow-up continuous positive airway pressure<sup>4</sup> on the apnea.

We think patients can be safely and efficiently screened using portable oximetry. Our cost for polysomnography is \$450 to \$1,500, while oximetry costs \$70—that is, about as much as an electrocardiogram.

JAMES J. NESTOR, MD  
Department of Medicine

WILLIAM LIKOSKY, MD  
Department of Neurology

GERALD SINCLAIR, MD, FRCS(C)  
Department of Otolaryngology

Permanente Medical Group  
Santa Clara, CA 95051-5386

## REFERENCES

1. Lavie P: Incidence of sleep apnea in a presumably healthy working population: A significant relationship with excessive daytime sleepiness. *Sleep* 1983; 6:312-318
2. Farney RJ, Walker LE, Jensen RL, et al: Ear oximetry to detect apnea and differentiate rapid eye movement (REM) and non-REM (NREM) sleep. Screening for the sleep apnea syndrome. *Chest* 1986; 89:533-539
3. Tweeddale PM, Douglas NJ: Evaluation of Biox IIA ear oximeter. *Thorax* 1985; 4:825-827
4. Nino-Murcia G, McCann CC, Bliwise DL, et al: Compliance and side effects in sleep apnea patients treated with nasal continuous positive airway pressure. *West J Med* 1989; 150:165-169

## Amoxicillin Overdose With Gross Hematuria

TO THE EDITOR: Amoxicillin, even in cases of significant overdose, has proved to be remarkably safe. We report the case of a child, weighing 15 kg (33 lb), who took between 5 and 11 grams of the suspension and, without any allergic signs or indications of compromised renal function, had gross hematuria, which cleared without sequelae.

### Report of a Case

The patient, a 3-year-old boy, had been treated for one day with amoxicillin for an upper respiratory tract infection. Three hours before admission to hospital, he ingested between 5 and 11 grams of the suspension, taking both his own and his brother's medication. He was managed initially with outpatient observation. Shortly before admission, he complained that his penis hurt. He was then seen in the emergency department.

The patient's history was remarkable in that he was the product of a 43-week gestation and had Apgar scores of 2 and 8. He received antibiotics for 48 hours after birth and went home on the fifth postpartum day. With the exception of several bouts of otitis media, he had been well and had received routine care and immunizations.

On physical examination the patient was in no distress. He was afebrile; his blood pressure was 90/50 mm of mercury, respirations were 24, and he had a pulse rate of 96. The results of a general physical examination were unremarkable. He had one episode of emesis in the emergency department. A urinalysis showed packed red blood cells, with macroscopic crystals seen. There were no casts or other abnormalities. The patient's hemoglobin level was 124 grams per liter, blood urea nitrogen 5.7 mmol per liter (16 mg per dl), and creatinine 61.9  $\mu$ mol per liter (0.7 mg per dl).